

EMPLOYER'S RETURN OF
INCOME TAX WITHHELD

1

2

3

K-3

NAME AND ADDRESS		AMENDED RETURN		FOR OFFICIAL USE ONLY			
				A As Originally Reported or Adjusted		B Correct Amount	
Total Number of Employees This Period				1. Total wages paid this period			
				2. Kentucky income tax withheld this period			
ANNUAL RECONCILIATION				3. Previous period adjustments or credits			
9. Total wages paid for the year				4. Net tax due			
10. Total Kentucky income tax withheld as shown on K-2s				5. Penalty (see instructions)			
Period	Col. A Monthly Payments	Col. B Payments By Quarter	Col. A Monthly Payments	Col. B Payments By Quarter	6. Interest (see instructions)		
Jan.	_____		_____		7. Total penalty and interest (line 5 plus line 6)		
Feb.	_____		_____		8. Total amount due (line 4 plus line 7)		
Mar.	_____ 1st _____		_____ 1st _____		Refund requested \$ _____ Credit forward to _____ period		
Apr.	_____		_____				
May	_____		_____		EXPLANATION OF CHANGES		
June	_____ 2nd _____		_____ 2nd _____				
July	_____		_____		I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.		
Aug.	_____		_____				
Sept.	_____ 3rd _____		_____ 3rd _____		SIGN HERE ► _____ SIGNATURE _____ TITLE _____ DATE _____		
Oct.	_____		_____				
Nov.	_____		_____		Remit total amount due. Make check payable to: Kentucky State Treasurer. Mail to: Revenue Cabinet, Frankfort, Kentucky 40619.		
Dec.	_____ 4th _____		_____ 4th _____				
11. Total (line 11 must equal line 10)		\$ _____					

